



**APPLICATION FOR INDIANA
AQUACULTURE PERMIT**
State Form 47058 (R5 / 6-08)
DDEPARTMENT OF NATURAL RESOURCES

DEPARTMENT OF NATURAL RESOURCES
Attn: Commercial License Clerk
Division of Fish and Wildlife
402 W. Washington St., Rm W273
Indianapolis, IN 46204-2781
Phone: (317) 232-4094
Fax: (317) 232-8150

Instructions: 1. Please type or print information.
2. Be sure to read all regulations.

This free permit is required to import, raise, sell or transport grass carp into or within Indiana, as required by 312 IAC 9-10-17.

Please check one: New Renewal Date _____

Name of Company or Organization _____

Name of Applicant/Principal Officer (first, last) _____

Address (number and street) _____

City, State, Zip Code _____

County _____ Telephone Number (_____) _____

Website _____ E-Mail Address _____

Species of fish requested to be imported, purchased, sold or transported:

Grass Carp

- Diploid
 Triploid

Other (please specify)

- _____

Fish will be raised and sold for:

- Human or animal consumption
 Stocking into private waters
 Other (please specify) _____

Do you wish to be listed on the Division of Fish and Wildlife website? Yes No

Note: Only the information provided on this application will be used on the website. Application must be received and processed by February 1 for inclusion on website.

Please return completed application to:

Permit Coordinator
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204

AGREEMENT

I have read and understand the regulations for the aquaculture permit and agree to abide by them. Under the penalties of perjury (IC 35-44-2-1), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY

Approved Disapproved Permit number issued _____ Expiration Date _____

Signature of Fisheries Staff Specialist _____

Comments/Notes _____
